

EXPEDITE THE PROCESSING OF YOUR LICENSE!

NOTE: If the licensee is deceased, please return to the address below the renewal application along with a copy of the death certificate and/or notarized letter indicating that the licensee is deceased.

Listed are the most frequent errors, which prevent our processing of your renewal or reinstatement license application. To expedite the processing of your license, be sure to use this "Last Minute Check List" before mailing your application package: **Department of Health/DC Board of Medicine, First Floor, 64 New York Avenue, NE, Washington, DC 20002**

LAST MINUTE CHECK LIST FOR RENEWAL/REINSTATEMENT APPLICATIONS

- ☐ Did you include your **Social Security Number and/or FEIN**?
- ☐ Have you requested a verification of licensure from each jurisdiction in which you were ever licensed?
- ☐ Did you include an address? **Post Office Box address is not acceptable.**
- ☐ Does your **business address** contain the following?
Street Address, Floor/Suite, City, State, and Zip Code of the business?
- ☐ If you requested an address change, did you include the complete **new address**?
- ☐ If you requested a name change, did you include **your new name on a notarized form or supply a valid court document**?
- ☐ Did you **sign** and **date** the application?
- ☐ Did you recheck your check or money order for correct fee made payable to D.C. Treasurer?
- ☐ Did you answer **ALL** screening questions, **particularly Section 8, and if you answered yes**, have you provided enough explanation and attached it to the form?
- ☐ Is your **Clean Hands Act Form** signed and enclosed with application (if applicable)?
- ☐ Have you provided an original letter of verification/certification in an unopened sealed envelope, or have you requested one to be sent directly to the Department of Health under separate cover?

REMEMBER!!

BEFORE YOU SEND YOUR APPLICATION TO THE OFFICE, MAKE A COPY OF YOUR ORIGINAL APPLICATION AND ALL SUPPORTING DOCUMENTS FOR YOUR PERSONAL RECORDS.